| DIGUTE 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | 100        |      |       |
|--|------------|------|-------|
| DMV Technician: Sofferfalls Heavy Positi   | on: 4 or 2 |      |       |
| Station: Delawore City wilm Tag Date: 8-7-19 Time  | 2: 7.      | 3/   |       |
| Vehicle Make: Teep Model wrangfer  | Year       | 2001 |       |
| DMV Technician: Sotter tolle Adry Position: For 2  Station: Delawore City wilm Toug Date: 8-4-14 Time: 9.37  Vehicle Make: Teep Model wrang w Year 2007  GVWR: 4900 Fuel Type: 0 15 Registration Number: 12435 418 |            |      |       |
| Auditor: Overt/Overt (   | Circle Or  | ne)  |       |
|  |            |      |       |
|  | YES        | NO   | N/A   |
| 1. Did technician check vehicle paper work and verify VIN number?  | 1          |      |       |
| 2. Was Emissions testing required?   | 1          |      |       |
| a) Was Emissions testing performed using OBD?  | V          |      |       |
| b) Was Emissions testing performed using Analyzer Probe?   |            |      |       |
| c) Was Emissions testing performed using Paddle(s)?  |            |      |       |
| d) Was Emissions testing performed using Clip?   |            |      |       |
| 3. Was Catalytic Converter inspection required?  |            |      | 4     |
| a) Was Catalytic Converter inspection performed?   |            |      |       |
| 4. Was Fuel Tank pressure testing required?  |            |      | 2     |
| a) Was Fuel Tank pressure testing performed?   |            |      |       |
| 5. Was Fuel Cap pressure testing required?   |            |      | 1     |
| a) Was Fuel Cap pressure testing performed?  |            |      |       |
|  |            |      |       |
| 6. Is this test a <b>Re-check</b> from a prior failure?  |            | 4    |       |
| a) Which re-check test is being performed? 1 2 3 (circle one)  |            |      |       |
| b) If this is re-check #3, was repair paperwork verified for waiver?   | ,          |      |       |
|  |            |      |       |
| Sussex County Only   |            |      |       |
| 7. Was Curb Idle testing required?   |            |      |       |
| a) Was Curb Idle testing performed?  |            |      |       |
|  |            |      |       |
| Comment:   |            |      |       |
| Temporary Assigned To Wilming You  |            |      |       |
| Temporary Assigned To Wilnington Test Condicted AT Wilmington  |            |      |       |
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| DMV Technician: Legrange Mila Position                               | n:Por 2   |     |     |
|--|-----------|-----|-----|
| Station: helpuppe diss. Date: 8-1-14 Time                            | : 10:     | 19  |     |
| Vehicle Make: Model Mountage   | Year      | 199 | 8   |
| GVWR: Fuel Type: Gas- Registration No                                | ımber:    |     |     |
| Auditor: Coverage Covert/Overt (Covert/Overt (Covert/Overt)          | Circle On | e)  |     |
|  |           |     |     |
|  | YES       | NO  | N/A |
| 1. Did technician check vehicle paper work and verify VIN number?    | 1         |     |     |
| 2. Was Emissions testing required?                                   | -         |     |     |
| a) Was Emissions testing performed using OBD?                        | V         |     |     |
| b) Was Emissions testing performed using Analyzer Probe?             |           |     |     |
| c) Was Emissions testing performed using Paddle(s)?                  |           |     |     |
| d) Was Emissions testing performed using Clip?                       |           |     |     |
| 3. Was Catalytic Converter inspection required?                      |           |     | V   |
| a) Was Catalytic Converter inspection performed?                     |           |     |     |
| 4. Was Fuel Tank pressure testing required?                          |           |     | L   |
| a) Was Fuel Tank pressure testing performed?                         |           |     |     |
| 5. Was Fuel Cap pressure testing required?                           |           |     | 1   |
| a) Was Fuel Cap pressure testing performed?                          |           |     |     |
|  |           |     |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              | V         |     |     |
| a) Which re-check test is being performed? 1/2)3 (circle one)        |           |     |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |           |     |     |
|  |           |     |     |
| Sussex County Only   |           |     |     |
| 7. Was Curb Idle testing required?                                   |           |     | 1   |
| a) Was Curb Idle testing performed?                                  |           |     |     |
|  |           |     |     |
| Comment: 44270 55 P9 W V J 04853                                     |           |     |     |
| 7 - 3 /0 = 3   |           |     |     |
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Original 08/06/2009/TMP

| DMV Technician: Holday James  | Position. | Dor 2   |            |     |
|---|-----------|---------|------------|-----|
| Station: Deleurane C, & Date: 8-1-14                                  | Time:     | 10:     | 55         |     |
| Station: Deleurme C, 4 Date: 8-1-14  Vehicle Make: For 6 Model Explan | 7         | Year    | 200        |     |
| GVWR: 460 Fuel Type: Registrat  | ion Num   | ıber: 🌾 | 2020       | 455 |
| Auditor: Covert/O   |           |         |            |     |
|   | 7.        | M       |            |     |
|   |           | YES     | NO         | N/A |
| 1. Did technician check vehicle paper work and verify VIN nur         | nber?     | 6       |            |     |
| 2. Was <b>Emissions</b> testing required?                             |           | 1-      |            |     |
| a) Was Emissions testing performed using OBD?                         |           | 1       |            |     |
| b) Was Emissions testing performed using Analyzer Probe?              |           |         | 1710       |     |
| c) Was Emissions testing performed using Paddle(s)?                   |           |         | D-11-5 vr. |     |
| d) Was Emissions testing performed using Clip?                        |           |         |            |     |
| 3. Was Catalytic Converter inspection required?                       |           |         |            | _   |
| a) Was Catalytic Converter inspection performed?                      |           |         |            |     |
| 4. Was Fuel Tank pressure testing required?                           |           |         |            | 2   |
| a) Was Fuel Tank pressure testing performed?                          |           |         |            |     |
| 5. Was Fuel Cap pressure testing required?                            |           |         |            | -   |
| a) Was Fuel Cap pressure testing performed?                           |           |         |            |     |
|   |           |         |            |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?               |           |         | -          |     |
| a) Which re-check test is being performed? 1 2 3 (circle on           |           |         |            |     |
| b) If this is re-check #3, was repair paperwork verified for wa       | uiver?    |         |            |     |
|   |           |         |            |     |
| Sussex County Only  |           |         |            |     |
| 7. Was <b>Curb Idle</b> testing required?                             |           |         |            |     |
| a) Was Curb Idle testing performed?                                   |           |         |            |     |
|   |           |         |            |     |
| Comment:  |           |         |            |     |
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Original 08/06/2009/TMP

| DMV Technician: Move Creves P   | osition | ·Or 2                   |  |           |
|---|---------|-------------------------|--|-----------|
| Station: Defoura City Date: 8-1-14  | Time:   | On the American Company | 141  |           |
| Station: Delouga City Date: 8-1-14  Vehicle Make: 40 404A Model Tundung  GVWR: 6600 Fuel Type: GAS Registrati | i mic.  | Vear                    | 006  |           |
| GVWR: 6600 Fuel Type: 645 Registrati  | on Nun  | nher: 17                | 7 15   | 2701      |
| Auditor: Opverdale Covert/Ov  |         |                         |  | 1106      |
| Coverage Coverage   | CIT (CI | icic On                 | <u> </u>   |           |
|   |         | YES                     | NO   | N/A       |
| 1. Did technician check vehicle paper work and verify VIN num   | iber?   | U                       | THE STATE OF THE S | DOLLA COM |
| 2. Was Emissions testing required?  |         | V                       |  |           |
| a) Was Emissions testing performed using OBD?   |         | 1/                      |  |           |
| b) Was Emissions testing performed using Analyzer Probe?  |         |                         |  |           |
| c) Was Emissions testing performed using Paddle(s)?   |         |                         |  |           |
| d) Was Emissions testing performed using Clip?  |         |                         |  |           |
| 3. Was Catalytic Converter inspection required?   |         |                         |  | V         |
| a) Was Catalytic Converter inspection performed?  |         |                         |  |           |
| 4. Was Fuel Tank pressure testing required?   |         |                         |  | L         |
| a) Was Fuel Tank pressure testing performed?  |         |                         |  |           |
| 5. Was Fuel Cap pressure testing required?  |         |                         |  | V         |
| a) Was Fuel Cap pressure testing performed?   |         |                         |  |           |
|   |         |                         |  |           |
| 6. Is this test a <b>Re-check</b> from a prior failure?   |         |                         | -  |           |
| a) Which re-check test is being performed? 1 2 3 (circle one  | e)      |                         |  |           |
| b) If this is re-check #3, was repair paperwork verified for was  | iver?   |                         |  |           |
|   |         |                         |  |           |
| Sussex County Only  |         |                         |  |           |
| 7. Was Curb Idle testing required?  |         |                         |  |           |
| a) Was Curb Idle testing performed?   |         |                         |  |           |
|   |         |                         |  |           |
| Comment:  |         |                         |  |           |
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| DMV Technician: Roff Ellery - Station: Delpu pre Date: 3-1-74           | Position:                 | or 2       |     |       |
|---|---------------------------|------------|-----|-------|
| Station: Delaware Date: 8-1-74  | Time:                     | 1:3        | 0   |       |
| Vehicle Make: 70 yor Model Cambrig  GVWR: Fuel Type: 6 ps Registrat     | Y                         | ear 🏅      | 200 | 7     |
| Vehicle Make: 70 yo Ce Model Cambry  GVWR: Fuel Type: 6 P5 Registration | tion Numl                 | oer: $\nu$ | ' N | Beloc |
| Auditor: Coverto  | vert (Circ                | le On      | e)  |       |
|   |                           |            |     |       |
|   |                           | YES        | NO  | N/A   |
| 1. Did technician check vehicle paper work and verify VIN nur           | mber?                     | 1          |     |       |
| 2. Was Emissions testing required?                                      |                           | 2          |     |       |
| a) Was Emissions testing performed using OBD?                           | (                         |            |     |       |
| b) Was Emissions testing performed using Analyzer Probe?                |                           |            |     |       |
| c) Was Emissions testing performed using Paddle(s)?                     |                           |            |     |       |
| d) Was Emissions testing performed using Clip?                          |                           |            |     |       |
| 3. Was Catalytic Converter inspection required?                         | -11117ca-7-11a-11a-11a-11 |            |     | -     |
| a) Was Catalytic Converter inspection performed?                        |                           |            |     |       |
| 4. Was Fuel Tank pressure testing required?                             |                           |            |     | i     |
| a) Was Fuel Tank pressure testing performed?                            |                           |            |     |       |
| 5. Was Fuel Cap pressure testing required?                              |                           |            |     | V     |
| a) Was Fuel Cap pressure testing performed?                             |                           |            |     |       |
|   |                           |            |     |       |
| 6. Is this test a <b>Re-check</b> from a prior failure?                 |                           |            | -   | 2     |
| a) Which re-check test is being performed? 1 2 3 (circle or             | ne)                       |            |     |       |
| b) If this is re-check #3, was repair paperwork verified for w          | aiver?                    |            |     |       |
|   |                           |            |     |       |
| Sussex County Only  |                           |            |     |       |
| 7. Was Curb Idle testing required?                                      |                           |            |     |       |
| a) Was Curb Idle testing performed?                                     |                           |            |     |       |
|   |                           |            |     |       |
| Comment:  |                           |            |     |       |
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| DMV Technician: Reau Bur MANK Position                               | n or 2   |    |     |
|--|----------|----|-----|
| Station: De leu are 0,4 Date: Govert/Overt (Circle One)              |          |    | Ä   |
| Vehicle Make: Check Model Mali BU Year 2005                          |          |    |     |
| GVWR: Fuel Type: 645 Registration Number: HP9180                     |          |    | 20  |
| Auditor: Covert/Overt (C   | ircle On | e) |     |
|  |          |    |     |
|  | YES      | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number?    | U        |    |     |
| 2. Was Emissions testing required?                                   |          |    |     |
| a) Was Emissions testing performed using OBD?                        | V        |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |          |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |          |    |     |
| d) Was Emissions testing performed using Clip?                       |          |    |     |
| 3. Was Catalytic Converter inspection required?                      |          |    | 0   |
| a) Was Catalytic Converter inspection performed?                     |          |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |          |    | L   |
| a) Was Fuel Tank pressure testing performed?                         |          |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |          |    |     |
| a) Was Fuel Cap pressure testing performed?                          |          |    |     |
|  |          |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |          | _  |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |          |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |          |    |     |
|  |          |    |     |
| Sussex County Only   |          |    |     |
| 7. Was <b>Curb Idle</b> testing required?                            |          |    |     |
| a) Was Curb Idle testing performed?                                  |          |    |     |
|  |          |    | ٨   |
| Comment:   |          |    |     |
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| DMV Technician: Shever 6 - speese Pe                             | osition: 1 or 2 |      |     |
|--|-----------------|------|-----|
| Station: 124/24 Date: 8-1-14                                     | Time: 10        | 24   |     |
| Vehicle Make: Horde Model Oive                                   | Year /          | 1994 | 1   |
| GVWR: Fuel Type: Registration                                    | on Number:      | /    |     |
|  | ert (Circle Or  | ne)  |     |
|  |                 |      |     |
|  | YES             | NO   | N/A |
| 1. Did technician check vehicle paper work and verify VIN num    | ber?            |      |     |
| 2. Was Emissions testing required?                               | 2               |      |     |
| a) Was Emissions testing performed using OBD?                    |                 |      |     |
| b) Was Emissions testing performed using Analyzer Probe?         | 2               |      |     |
| c) Was Emissions testing performed using Paddle(s)?              | L               |      |     |
| d) Was Emissions testing performed using Clip?                   | 111             |      |     |
| 3. Was Catalytic Converter inspection required?                  | ě.              |      |     |
| a) Was Catalytic Converter inspection performed?                 | 4               |      |     |
| 4. Was Fuel Tank pressure testing required?                      | 1               |      |     |
| a) Was Fuel Tank pressure testing performed?                     | V               |      |     |
| 5. Was Fuel Cap pressure testing required?                       | V               |      |     |
| a) Was Fuel Cap pressure testing performed?                      |                 |      |     |
|  |                 |      |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?          |                 | ~    |     |
| a) Which re-check test is being performed? 1 2 3 (circle one     |                 |      |     |
| b) If this is re-check #3, was repair paperwork verified for wai | ver?            |      |     |
|  |                 |      |     |
| Sussex County Only   |                 |      |     |
| 7. Was Curb Idle testing required?                               |                 |      |     |
| a) Was Curb Idle testing performed?                              |                 |      |     |
|  |                 |      |     |
| Comment:   |                 |      |     |
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|  | 200             |      |     |
| 1 HOCD 5525 RA 622   | 878             |      |     |
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Original 08/06/2009/TMP

| DMV Technician: Mathews                    | JIM                           | Position  | Or 2     | 24  |      |
|--|-------------------------------|-----------|----------|-----|------|
| Station: Deloume lity                      | Date: 8-1-14                  | Time:     | 10.2     | 8   |      |
| Vehicle Make: Ohrysky                      | Model Pargie                  |           | Year     | 200 | 5    |
| GVWR: 5 800 Fuel Ty                        | pe: Registra                  | ation Nur | nber: 🏱  | 08  | 3380 |
| Auditor: Coverdola                         | Covert/9                      | overt (Ci | ircle On | e)  |      |
|  |                               |           |          |     |      |
|  |                               | *         | YES      | NO  | N/A  |
| 1. Did technician check vehicle p          |                               | ımber?    | 4        |     |      |
| 2. Was Emissions testing require           | d?                            |           | V        |     |      |
| a) Was Emissions testing perfo             | rmed using OBD?               |           | V        |     |      |
| b) Was Emissions testing perfo             | rmed using Analyzer Probe?    |           |          |     |      |
| c) Was Emissions testing perfo             |                               |           |          |     |      |
| d) Was Emissions testing perfo             | rmed using Clip?              |           |          |     |      |
| 3. Was Catalytic Converter insp            | ection required?              |           |          |     | U    |
| a) Was Catalytic Converter ins             | pection performed?            |           |          |     |      |
| 4. Was Fuel Tank pressure testin           | g required?                   |           |          |     | V    |
| a) Was Fuel Tank pressure testi            | ng performed?                 |           |          |     |      |
| 5. Was Fuel Cap pressure testing           | required?                     |           |          |     | V    |
| a) Was Fuel Cap pressure testin            | g performed?                  |           |          |     |      |
|  |                               |           |          |     |      |
| 6. Is this test a <b>Re-check</b> from a p | orior failure?                |           |          |     |      |
| a) Which re-check test is being            | performed? 1 2 3 (circle c    | ne)       |          |     |      |
| b) If this is re-check #3, was rep         | pair paperwork verified for w | vaiver?   |          |     |      |
| -  |                               |           |          |     |      |
| Sussex County Only                         |                               |           |          |     |      |
| 7. Was Curb Idle testing required          | 1?                            |           |          |     |      |
| a) Was Curb Idle testing perform           | med?                          |           |          |     |      |
| = =  |                               |           |          |     |      |
| Comment:                                   |                               |           |          |     |      |
|  |                               |           |          |     |      |
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|  |                               |           |          |     |      |
|  |                               | 36        |          |     |      |

| DMV Technician: Bond Toe Day                                 | Position      | Por 2 |      |     |
|--|---------------|-------|------|-----|
| Station: Delou pre City, Date:                               | Time:         | 10:   | 15   |     |
| Vehicle Make: Honde Model Circle                             |               | Year  | 2009 |     |
| GVWR: Fuel Type: Reg   | istration Nur | nber: | 178  | 426 |
|  | ert/Overt (Ci |       |      |     |
|  |               |       |      |     |
|  |               | YES   | NO   | N/A |
| 1. Did technician check vehicle paper work and verify VI     | V number?     | 1     |      |     |
| 2. Was Emissions testing required?                           |               | L     |      |     |
| a) Was Emissions testing performed using OBD?                |               | U     |      |     |
| b) Was Emissions testing performed using Analyzer Pro        | be?           |       |      |     |
| c) Was Emissions testing performed using Paddle(s)?          |               |       |      |     |
| d) Was Emissions testing performed using Clip?               |               |       |      |     |
| 3. Was Catalytic Converter inspection required?              |               |       |      | _   |
| a) Was Catalytic Converter inspection performed?             |               |       |      |     |
| 4. Was Fuel Tank pressure testing required?                  |               |       |      | 4   |
| a) Was Fuel Tank pressure testing performed?                 |               |       |      |     |
| 5. Was Fuel Cap pressure testing required?                   |               |       |      | 1   |
| a) Was Fuel Cap pressure testing performed?                  |               |       |      |     |
| <del></del>  |               |       |      |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?      |               |       | V    |     |
| a) Which re-check test is being performed? 1 2 3 (circ       | ele one)      |       |      |     |
| b) If this is re-check #3, was repair paperwork verified for | or waiver?    |       |      |     |
|  |               |       |      |     |
| Sussex County Only   |               |       |      |     |
| 7. Was Curb Idle testing required?                           |               |       |      |     |
| a) Was Curb Idle testing performed?                          |               |       |      |     |
|  |               |       |      |     |
| Comment:   |               | 8     |      |     |
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| V  |               |       |      |     |

| DMV Technician: wortman                                  | Position        | Por 2     |      |     |
|--|-----------------|-----------|------|-----|
| Station: Delougne City Date: 8-44                        | Time:           | 10:       | 02   |     |
| Vehicle Make: Model F180                                 |                 | Year      | 2008 | 5   |
| GVWR: Fuel Type: 605 Re                                  | egistration Nun |           |      |     |
| Auditor: Coverde/a Cov                                   | vert/Overt (Ci  | rcle On   | e)   |     |
|  |                 | igni————— |      |     |
|  |                 | YES       | NO   | N/A |
| 1. Did technician check vehicle paper work and verify V  | IN number?      | 1         |      |     |
| 2. Was Emissions testing required?                       |                 | 2         |      |     |
| a) Was Emissions testing performed using OBD?            |                 | 1         |      |     |
| b) Was Emissions testing performed using Analyzer P      | robe?           | ~         |      |     |
| c) Was Emissions testing performed using Paddle(s)?      |                 |           |      |     |
| d) Was Emissions testing performed using Clip?           |                 |           |      |     |
| 3. Was Catalytic Converter inspection required?          |                 |           |      | -   |
| a) Was Catalytic Converter inspection performed?         |                 |           |      |     |
| 4. Was Fuel Tank pressure testing required?              |                 |           |      | _   |
| a) Was Fuel Tank pressure testing performed?             |                 |           |      | *   |
| 5. Was Fuel Cap pressure testing required?               |                 |           |      | _   |
| a) Was Fuel Cap pressure testing performed?              |                 |           |      |     |
|  |                 |           |      |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?  |                 |           | -    |     |
| a) Which re-check test is being performed? 1 2 3 (ci     | ircle one)      |           |      |     |
| b) If this is re-check #3, was repair paperwork verified | for waiver?     |           |      |     |
|  |                 |           |      |     |
| Sussex County Only                                       | V               |           |      |     |
| 7. Was Curb Idle testing required?                       | (               |           |      |     |
| a) Was Curb Idle testing performed?                      |                 |           |      |     |
|  |                 |           |      |     |
| Comment: IFT AWT 8 4 A 7                                 | 8040            | 16        |      |     |
|  |                 |           |      | -   |
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| DMV Technician: Kenny GANNET Position                                | on: 1 or 2 |   |              |
|--|------------|---|--------------|
| Station: Date: 0-1-12 Time: 10:06                                    |            |   |              |
| Vehicle Make: Chrysta Model 300                                      | Year 2     |   |              |
| GVWR: Fuel Type: 6195 Registration N                                 | umber: 🐧   | 377                                     | )            |
| Auditor: Covert / Covert / Overt (                                   | Circle On  | e)                                      |              |
|  |            |   |              |
|  | YES        | NO                                      | N/A          |
| 1. Did technician check vehicle paper work and verify VIN number?    | <u>C</u>   |   |              |
| 2. Was Emissions testing required?                                   | 1          |   |              |
| a) Was Emissions testing performed using OBD?                        | 1          |   |              |
| b) Was Emissions testing performed using Analyzer Probe?             |            |   |              |
| c) Was Emissions testing performed using Paddle(s)?                  |            |   |              |
| d) Was Emissions testing performed using Clip?                       |            |   |              |
| 3. Was Catalytic Converter inspection required?                      |            |   | 1            |
| a) Was Catalytic Converter inspection performed?                     |            |   |              |
| 4. Was Fuel Tank pressure testing required?                          |            |   |              |
| a) Was Fuel Tank pressure testing performed?                         |            |   |              |
| 5. Was Fuel Cap pressure testing required?                           |            |   | -            |
| a) Was Fuel Cap pressure testing performed?                          |            |   |              |
|  |            |   |              |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |            |   |              |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |            |   |              |
| b) If this is re-check #3, was repair paperwork verified for waiver? |            |   |              |
|  |            |   |              |
| Sussex County Only   |            |   |              |
| 7. Was Curb Idle testing required?                                   |            |   |              |
| a) Was Curb Idle testing performed?                                  |            |   |              |
|  |            | *************************************** |              |
| Comment:   |            |   | er-warelly a |
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| DMV Technician: Kellug DANEI                                   | Position: | 1 or 2  |      |                 |
|--|-----------|---------|------|-----------------|
| Station: Deloupre City Date: 9-4-14                            | Time:     | 200     |      |                 |
| Vehicle Make: NISSON Model MUTANO Year 2003                    |           |         | 3    |                 |
| GVWR: 5003 Fuel Type: 645 Registra                             | tion Nun  | nber: 🐧 | 37/3 | 31              |
| Auditor: Covedale Covert/O                                     |           |         |      |                 |
|  |           |         |      |                 |
|  |           | YES     | NO   | N/A             |
| 1. Did technician check vehicle paper work and verify VIN nu   | mber?     | -       |      |                 |
| 2. Was Emissions testing required?                             |           | -       |      |                 |
| a) Was Emissions testing performed using OBD?                  |           |         |      |                 |
| b) Was Emissions testing performed using Analyzer Probe?       |           |         |      |                 |
| c) Was Emissions testing performed using Paddle(s)?            |           |         |      |                 |
| d) Was Emissions testing performed using Clip?                 |           |         |      |                 |
| 3. Was Catalytic Converter inspection required?                |           |         |      | -               |
| a) Was Catalytic Converter inspection performed?               |           |         |      |                 |
| 4. Was Fuel Tank pressure testing required?                    |           |         |      | 4               |
| a) Was Fuel Tank pressure testing performed?                   |           |         |      |                 |
| 5. Was Fuel Cap pressure testing required?                     |           |         |      | 0               |
| a) Was Fuel Cap pressure testing performed?                    |           |         |      |                 |
|  |           | 70      |      |                 |
| 6. Is this test a <b>Re-check</b> from a prior failure?        |           |         | 2    |                 |
| a) Which re-check test is being performed? 1 2 3 (circle o     | ne)       |         | 1    |                 |
| b) If this is re-check #3, was repair paperwork verified for w | aiver?    |         |      |                 |
|  |           |         |      |                 |
| Sussex County Only   |           | 2       |      |                 |
| 7. Was Curb Idle testing required?                             |           |         |      | V SSTEPPEN SKIN |
| a) Was Curb Idle testing performed?                            |           | A       |      | )               |
|  |           |         |      | 3 (15)          |
| Comment:   |           |         |      |                 |
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| DMV Technician: Lamphy Frica Posi                                  | Position: For 2 |  |  |
|--|-----------------|--|--|
|  | me:             | 100                                    |  |
| Vehicle Make: Honde Model CR-V                                     | Year            |  |  |
| GVWR: Fuel Type: 6n5 Registration                                  | Number: /       | 259                                    | 1991                                       |
| Auditor: Coverdola Covert/Over                                     |                 |  |  |
|  |                 |  |  |
|  | YES             | NO                                     | N/A  |
| 1. Did technician check vehicle paper work and verify VIN numbe    | er?             |  |  |
| 2. Was Emissions testing required?                                 | 1               |  |  |
| a) Was Emissions testing performed using OBD?                      | -               |  |  |
| b) Was Emissions testing performed using Analyzer Probe?           |                 |  |  |
| c) Was Emissions testing performed using Paddle(s)?                |                 |  |  |
| d) Was Emissions testing performed using Clip?                     |                 |  |  |
| 3. Was Catalytic Converter inspection required?                    |                 |  | -  |
| a) Was Catalytic Converter inspection performed?                   |                 |  |  |
| 4. Was Fuel Tank pressure testing required?                        |                 |  | _  |
| a) Was Fuel Tank pressure testing performed?                       |                 |  | 11   |
| 5. Was Fuel Cap pressure testing required?                         |                 |  | _  |
| a) Was Fuel Cap pressure testing performed?                        |                 |  |  |
|  |                 |  |  |
| 6. Is this test a <b>Re-check</b> from a prior failure?            |                 | _                                      |  |
| a) Which re-check test is being performed? 1 2 3 (circle one)      |                 |  |  |
| b) If this is re-check #3, was repair paperwork verified for waive | er?             | ************************************** | .,,  |
|  | 3               |  | ata ar |
| Sussex County Only   |                 |  |  |
| 7. Was Curb Idle testing required?                                 |                 |  |  |
| a) Was Curb Idle testing performed?                                |                 |  |  |
|  |                 |  |  |
| Comment:   |                 |  |  |
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| DMV Technician: Cugnini Joe                                    | Position: 1 or 2 |      |       |     |
|--|------------------|------|-------|-----|
| Station: Deleusce City Date: 7-1-14                            | Time:            |      |       |     |
| Vehicle Make: Buell Model Frazque                              |                  |      |       |     |
| GVWR: 6450 Fuel Type: 645 Registra                             | tion Num         | ber: | IN Be | Low |
| Auditor: Covertoe(a Covert/O                                   |                  |      |       |     |
|  |                  |      | 1127  |     |
|  |                  | YES  | NO    | N/A |
| 1. Did technician check vehicle paper work and verify VIN nur  | mber?            | 4    |       |     |
| 2. Was Emissions testing required?                             |                  | 1    |       |     |
| a) Was Emissions testing performed using OBD?                  |                  | 1    |       |     |
| b) Was Emissions testing performed using Analyzer Probe?       |                  |      |       |     |
| c) Was Emissions testing performed using Paddle(s)?            |                  |      |       |     |
| d) Was Emissions testing performed using Clip?                 |                  |      |       |     |
| 3. Was Catalytic Converter inspection required?                |                  |      |       | /   |
| a) Was Catalytic Converter inspection performed?               |                  |      |       |     |
| 4. Was Fuel Tank pressure testing required?                    |                  |      |       | 2   |
| a) Was Fuel Tank pressure testing performed?                   |                  |      |       |     |
| 5. Was Fuel Cap pressure testing required?                     |                  |      |       | 1   |
| a) Was Fuel Cap pressure testing performed?                    |                  |      |       |     |
|  | 0.00000          |      |       |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?        |                  |      | i     |     |
| a) Which re-check test is being performed? 1 2 3 (circle or    |                  |      |       |     |
| b) If this is re-check #3, was repair paperwork verified for w | aiver?           |      |       |     |
|  |                  |      |       |     |
| Sussex County Only   |                  |      |       |     |
| 7. Was Curb Idle testing required?                             |                  |      |       |     |
| a) Was Curb Idle testing performed?                            |                  |      |       |     |
|  |                  |      |       |     |
| Comment: 5 GAEV 237 x 8J 1818                                  | 723.             |      |       |     |
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| DMV Technician: Smith John                              | Positio                  | sition: For 2 |          |                     |
|---|--------------------------|---------------|----------|---------------------|
| Station: Delouge O'41 Date:                             | 9-1-14 Time:             | 1:            | 35       |                     |
| Vehicle Make: 73407e Mod                                | elaprolia                |               | 2000     |                     |
| GVWR: Fuel Type: Coc                                    | Registration Nu          | ımber: 🥖      | 10/8     | 727                 |
| Auditor: Coverdele                                      | Covert/Overt (C          | Circle On     | e)       |                     |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                   |                          |               | <b>1</b> | V400 0 4 1 4 22     |
|   |                          | YES           | NO       | N/A                 |
| 1. Did technician check vehicle paper work ar           | nd verify VIN number?    | 6             |          |                     |
| 2. Was <b>Emissions</b> testing required?               |                          | 6             |          |                     |
| a) Was Emissions testing performed using (              |                          | 1             |          |                     |
| b) Was Emissions testing performed using A              |                          |               |          |                     |
| c) Was Emissions testing performed using l              | 3. //                    |               |          |                     |
| d) Was Emissions testing performed using (              | Clip?                    |               |          |                     |
| 3. Was Catalytic Converter inspection requi             |                          |               |          | -                   |
| a) Was Catalytic Converter inspection perfo             | ormed?                   |               |          |                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?      |                          |               |          | -                   |
| a) Was Fuel Tank pressure testing performe              | d?                       |               |          |                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?       |                          |               |          | 1                   |
| a) Was Fuel Cap pressure testing performed              | ?                        |               |          |                     |
|   |                          |               |          |                     |
| 6. Is this test a <b>Re-check</b> from a prior failure? |                          |               | ~        |                     |
| a) Which re-check test is being performed?              | 1 2 3 (circle one)       |               |          | 2                   |
| b) If this is re-check #3, was repair paperwo           | ork verified for waiver? |               |          |                     |
|   |                          |               |          |                     |
| <b>Sussex County Only</b>                               |                          |               |          |                     |
| 7. Was Curb Idle testing required?                      |                          |               |          |                     |
| a) Was Curb Idle testing performed?                     |                          |               |          |                     |
|   |                          |               |          |                     |
| Comment:  |                          |               |          |                     |
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| DMV Technician: PecrT Enell Pos                                    | Position: 10 2 |      |     |
|--|----------------|------|-----|
| Station: De louis re 0,4 Date: 8-1-14 Ti                           | me: /:.        | 35   |     |
| Vehicle Make: Pontino Model Solevir                                | Year           |      |     |
| GVWR: Fuel Type: GP5 Registration                                  | Number:        | 7919 | 137 |
| Auditor: Coverde le Covert/Over                                    | t (Circle Or   | ie)  |     |
|  |                |      | 22  |
|  | YES            | NO   | N/A |
| 1. Did technician check vehicle paper work and verify VIN number   | er?            |      |     |
| 2. Was Emissions testing required?                                 | -              |      |     |
| a) Was Emissions testing performed using OBD?                      | V              |      |     |
| b) Was Emissions testing performed using Analyzer Probe?           | 1              |      |     |
| c) Was Emissions testing performed using Paddle(s)?                |                |      |     |
| d) Was Emissions testing performed using Clip?                     |                |      |     |
| 3. Was Catalytic Converter inspection required?                    |                |      | _   |
| a) Was Catalytic Converter inspection performed?                   |                |      |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                 |                |      | 1   |
| a) Was Fuel Tank pressure testing performed?                       |                |      |     |
| 5. Was Fuel Cap pressure testing required?                         |                |      | -   |
| a) Was Fuel Cap pressure testing performed?                        |                |      |     |
|  |                |      |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?            |                | -    |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)      |                |      |     |
| b) If this is re-check #3, was repair paperwork verified for waive | er?            |      |     |
|  |                |      |     |
| Sussex County Only   |                |      |     |
| 7. Was Curb Idle testing required?                                 |                |      |     |
| a) Was Curb Idle testing performed?                                |                |      |     |
|  |                |      |     |
| Comment:   |                |      |     |
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